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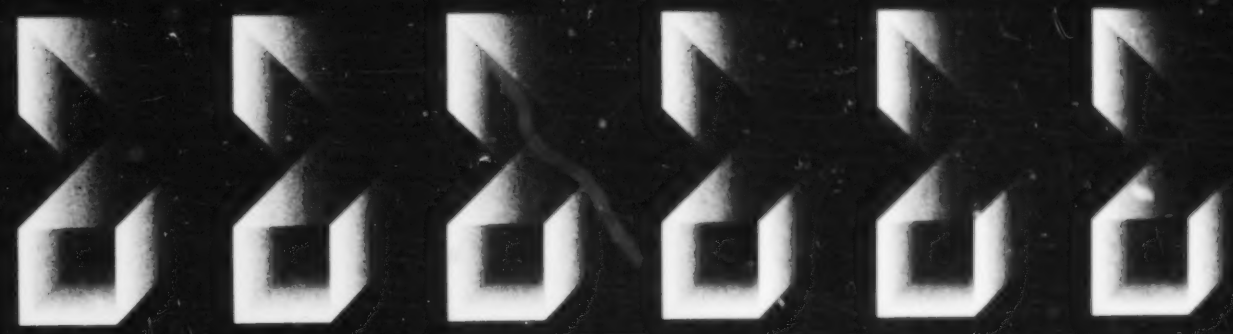

NATIONAL STRATEGY FOR THE INTEGRATION OF PERSONS WITH DISABILITIES

EVALUATION OF HEALTH CANADA INITIATIVES

March 1995

Canada

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MISSION STATEMENT

The Program Evaluation Division helps Health Canada serve Canadians better by providing objective information and advice about the effectiveness of departmental activities and services.

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credits

Robert Pelletier of the Program Evaluation Division, was the project manager throughout the evaluation study. He was assisted by Paul Youldon and Sayed Shelbaya.

Staff of the Fitness Directorate and the Medical Services Branch provided the evaluation team with extensive information and help throughout the project.

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chapter one

Introduction

BACKGROUND

On September 6, 1991, the federal government announced the National Strategy for the Integration of Persons with Disabilities (NSIPD) to which an amount of $157.8 million was to be allocated over the five-year period 1991/92 to 1995/96.

The general objectives of the Strategy were:

- *Equal Access*: taking strategic action in areas of federal responsibility that demonstrate leadership and establish bench marks for the accessibility of persons with disabilities to goods, services and facilities required for daily life.

- *Economic integration*: taking measures to systematically alter policies and practices in order to remove barriers to the training and employment opportunities for persons with disabilities.

- *Effective participation*: involving persons with disabilities and their organizations in petitioning and educating government, the general public and disabled persons themselves as the key to redefinition of their role in Canadian society.

The Strategy involved, at the time, ten federal departments and agencies including Health and Welfare Canada. The Department of the Secretary of State was appointed as the lead department.

The 1993 restructuring of Health and Welfare Canada

Health and Welfare Canada was originally allocated an amount of $46,010,000 over five years under the Strategy. However, only a portion of these resources ($6.735 million) remained with Health Canada following the restructuring of June 1993. The NSIPD funds allocated to social programs (including income security) were transferred to Human Resources Development Canada along with the responsibility for these programs. Part of the funding allocated to Fitness and Amateur Sport was also transferred to Heritage Canada along with the transfer of Sport Canada to that Department. Human Resources Development became the new leading department for the NSIPD. Table 1 shows the original allocation of resources to Health and Welfare Canada.

Health Canada's Initiatives under the NSIPD

After the 1993 restructuring, only three of the former HWC's NSIPD initiatives remained with Health Canada and two branches are involved: the Medical Services Branch and the Health Programs and Services Branch.

Medical Services

Under the Strategy, the Medical Services Branch was allocated, over the five year period, new financial resources to: [1]

- explore, with the Department of Indian and Northern Affairs Development, the development of more comprehensive home care programs for Aboriginal persons with disabilities ($1.3 million); and
- retrofit Medical Services Branch's health facilities to make them more accessible to persons with disabilities ($1.12 million).

Health Programs and Services

The Fitness Directorate (then Fitness Canada), Health Programs and Services Branch, was allocated $3.44 million to initiate programs that enhance opportunities for Canadians with disabilities to participate in physical activity.

TABLE 1

NATIONAL STRATEGY FOR THE INTEGRATION OF PERSONS WITH DISABILITIES

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

RESOURCE ALLOCATION 1991/92 - 1995/96

($000)

PROGRAM/PLANNING ELEMENT/INITIATIVES	91/92	92/93	93/94	94/95	95/96	TOTAL	P/Y's
NEW RESOURCES							
HEALTH PROGRAM							
Indian & Northern Health Services							
(Medical Services - Disabled Natives)							
1. Home Care	200.00	800.00	300.00			1,300.00	
2. Accessibility**	-	280.25	280.25	280.25	280.25	1,121.00	
Fitness and Amateur Sport							
1. Active Living/Sport	750.00	1,000.00	1,000.00	750.00	500.00	4,000.00	1
SOCIAL PROGRAM							
Social Development							
1. Disabled Children	200.00	800.00	1,200.00	1,000.00	800.00	4,000.00	2
2. Bridges to Integration and Independence							
a) Special Initiatives (CALC & CAILC)	-	1,000.00	1,500.00	1,500.00	4,000.00		
b) New Brunswick Proposal - Exodus	500.00	2,500.00	3,500.00	4,000.00	4,500.00	15,000.00	
c) Community and Economic Integration	200.00	400.00	1,000.00	1,000.00	1,100.00	3,700.00	1
TOTAL NEW RESOURCES	1,850.00	5,780.25	8,280.25	8,530.25	8,680.25	33,121.00	4
DEPARTMENTAL "A" BASE							
HEALTH PROGRAM							
Indian & Northern Health Services							
1. Accessibility**	-	222.25	222.25	222.25	222.25	889.00	
SOCIAL PROGRAM							
Social Development							
Mainstream	150.00	150.00	-	-	-	300.00	
Bridges to Integration and Independence							
a) Special Initiatives (CACL & CAILC)	1,750.000	1,750.00	500.00	-	-	4,000.00	
b) Community and Economic Integration	300.00	700.00	400.00	300.00	-	1,700.00	
TOTAL DEPARTMENTAL "A" BASE	2,200.00	2,822.25	1,122.25	522.25	222.25	6,889.00	
Income Security							
1. CPP Rehabilitation Pilot*	500.00	500.00	1,000.00	1,000.00	3,000.00	6,000.00	
TOTALS	4,550.00	9,102.25	10,402.25	10,052.25	11,902.25	46,010.00	4

* CPP funding will be drawn from the Canada Pension Plan Fund.

** Revised to include additional amount of capital for Medical Services Branch to fund accessibility retrofit for facilities

(REVISED July 30, 1991)

Financial Resources

Table 2 shows the NSIPD amounts allocated to programs that remained with Health Canada under the Strategy.

Table 2: Health Canada's Financial Resources under NSIPD ($000)

	Fiscal Year					
Component	91/92	92/93	93/94	94/95	95/96	Total
Fitness	$635.0	$885.0	$885.0	$635.0	$385.0	$3,425.0
Home care	$200.0	$800.0	$300.0	$0.0	$0.0	$1,300.0
Health Facilities (1)	$0.0	$502.5	$502.5	$502.5	$502.5	$2,010.0
Total	$835.0	$2,187.5	$1,687.5	$1,137.5	$887.5	$6,735.0

(1) includes an amount of $889,000 ($232.25 per year) that the Medical Services Branch contributed from its "A" base.

EVALUATION

On September 17, 1991, Treasury Board approved the proposal for the National Strategy for the Integration of Persons with Disabilities on the conditions that:

a) evaluation frameworks for both the overall strategy and departmental activities be submitted to Treasury Board Secretariat before April 1, 1992, and

b) an evaluation of the strategy as a whole be conducted by April 1, 1995.

An evaluation framework for the activities of Health and Welfare Canada was developed and submitted to the Treasury Board

Secretariat in March 1992. In addition, a Mid-term Review of the implementation of the NSIPD as a whole was completed in January 1993 by the former Department of the Secretary of State. Health Canada provided input to the Review, but its initiatives were not addressed specifically in the report.

Interdepartmental Evaluation

An interdepartmental evaluation of the Strategy was undertaken by the Department of Human Resources Development in August 1994. The final evaluation report is to be submitted to the Treasury Board Secretariat (TBS) by July 1, 1995 (instead of April 1). Simultaneously, each participating department in the NSIPD has undertaken an evaluation (or at least provided a progress report) of its activities.

ORGANIZATION OF THE REPORT

This report presents the results of the evaluation of Health Canada's initiatives under the Strategy. This report is divided into three chapters:

Chapter one is the general introduction;

Chapter two describes the activities and evaluation findings of the Medical Services Branch initiatives under the NSIPD; and

Chapter three describes the activities and evaluation findings of the Fitness Directorate initiatives under the NSIPD.

chapter two

Initiatives of the Medical Services Branch under the NSIPD

Under the NSIPD, the Medical Services Branch (MSB) was allocated financial resources to:

- explore the continuing care needs in First Nations and Inuit communities, and
- retrofit the MSB's on-reserve health facilities to make them accessible to persons with disabilities.

This chapter describes the nature of these two initiatives and reports on what has been accomplished.

CONTINUING CARE IN ABORIGINAL COMMUNITIES

The Medical Services Branch received, as shown in Table 2, an amount of $1,300,000 over three years to assess, with the Department of Indian and Northern Affairs, the Continuing Care needs of First Nations and Inuit communities. A multipartite Steering Committee, composed of representatives from First Nations, Inuit, Department of Indian and Northern Affairs and Medical Services Branch, was established to manage this project. The purpose of the project was to obtain comparable information on federal and provincial continuing care programs, such as funding formulas, eligibility criteria, training, and the availability and utilization of home making, personal care and home nursing services in First Nations and Inuit Communities.

For the purpose of this review, continuing care was defined as a "system of service delivery encompassing a range of insured, extended and uninsured health and social services for all age groups, addressing

the holistic health, social and personal care needs of individuals who do not have or have lost, some capacity for self-care. These integrated services are designed to improve individual functioning, and provide culturally appropriate support and care in the community where possible."[2]

Information Collection

Nine regional research teams were established to conducted the study in the following regions: Labrador, the four Atlantic Provinces, Quebec, Ontario, Manitoba, Saskatchewan, Alberta, and British Columbia. In addition, visits were made to selected First Nations communities in Yukon. These regional "consultations" took place in 1992-93. Objectives and guidelines for the consultation process were established by the Steering Committee and reviewed and approved by a regional Working Group consisting of a representative of each region, who implemented the consultation at the regional level.

One of the objectives of the study was to compare the availability and quality of services provided in aboriginal communities with that of non-aboriginal communities. In each region, the research teams surveyed a selection of aboriginal and non-aboriginal communities that were comparable in size and location. For both aboriginal and non-aboriginal communities, the regional studies collected information on the number of people requiring services, the type and cost of services received and the capability and the training of the personnel available to provide the services. Altogether, over 50 aboriginal and 35 non-aboriginal communities were surveyed across Canada.

Findings of the Study

The Steering Committee issued its report in Spring 1994. Five major issues were identified as a result of the consultation: jurisdiction, funding, service delivery / program utilization, access to rehabilitation services, training and liability.

Jurisdiction

Because of the provincial and territorial governments position that on-reserve services are a federal responsibility, provincial continuing care programs are not extended to First Nations communities. The Department of Indian and Northern Affairs has adopted a per capita funding approach that enables First Nations to provide basic home making services to some on-reserve clients. However, Medical Services Branch does not have the mandate or authority to provide home care nursing or home-based rehabilitation services such as physiotherapy or respiratory therapy. As a result, the study found that

home nursing services and rehabilitation services were virtually non-existent for First Nations people living on reserves.

Funding

All regional studies stated that inadequate funding was a serious problem. First Nations communities lack sufficient resources to offer comprehensive home care and MSB provides no resources in this area. As a consequence, the availability of services in the sample of First Nation communities was much lower than in the non-aboriginal sample.

Delivery and Utilization

Generally, the study found that First Nation communities receive less home care services than comparable non-aboriginal communities, particularly for personal care services, home nursing care and rehabilitation or support services such as physiotherapy and respiratory therapy which are generally not available on-reserve.

Access to Rehabilitation Services

The study found that non-aboriginal communities had access to a much broader array of health professionals to deliver health care services such as doctors, physiotherapists, dieticians, ergotherapists and others than aboriginal communities.

Training and Liability

Appropriate accredited training for First Nation homemakers and personal care workers is almost non-existent in all regions. The lack of on-reserve home nursing services was found to be a critical issue which impacted on both the quality of services to First Nations clients and the liability of service providers. On-reserve patients requiring nursing services were forced to go to nursing stations, health clinic or a nearby hospital for treatment. This, according to the Committee, lead to discomfort for the patient as well as inadequate continuing care.

Recommendations of the Steering Committee

In its report, the Steering Committee essentially recommended that the Medical Services Branch of Health Canada be given the mandate, authority and funding for the provision of the home nursing component of continuing care on reserves and in Inuit communities

Results of the Consultation

Following the Steering Committee report, Health Canada submitted to Cabinet a proposal for a home nursing program for First Nations and Inuit. The proposal was approved and an amount of $34.3 million over five years is to be spent on home care nursing in First Nations and Inuit communities. The program is part of "Building Healthy Communities", a new five-year $243 million strategy for First Nations

and Inuit, announced by the Health Minister Diane Marleau on September 26, 1994.[3]

Expenditures

The $1.3 million received under the NSIPD to carry-out this consultation was allocated under Vote 15, Grants and Contributions. As the study was done in cooperation with aboriginal communities, the money was used as contributions to First Nations to cover the cost of regional studies and the expenses of the Steering Committee. The entire amount was spent.

RETROFITTING OF HEALTH FACILITIES

The MSB retrofitting program was undertaken to conform to Treasury Board policy concerning real property accessibility. This policy requires that:

"Departments administering real property for the delivery of their programs must ensure that their real property, both Crown-owned and leased, meet access and use requirements of disabled persons. Where applicable, departments must adopt the Accessibility Standard (Barrier Free Design: Access to and use of buildings by physically disabled people. Public Works Canada - 1985) as a technical standard to achieve the purpose of this policy."

The purpose of barrier-free design is to ensure that buildings are accessible to people with varying disabilities, as well as creating barrier-free and safe environments for everyone, at all stages in their lives regardless of frailty or disability.

Financial Resources

In 1991, 267 of the Medical Services Branch 511 on-reserve health facilities still did not meet the new standard requirements for accessibility. The other facilities as well as the ones built since 1991 meet the accessibility requirements. The total cost of upgrading the 267 facilities was estimated at $7,517,345. In 1991, MSB obtained from Treasury Board an amount of $280,250 per year for four years as new resources under the NSIPD; to this amount, the Branch added $222,250 per year from its "A" base for a total of $2,010,000 over the period. As these amounts were not sufficient to finance the whole program, MSB obtained an additional amount of $2,484,000 ($828,000 per year for three years) through the Multi-Year Operational Plan (MYOP) and contributed a further amount of $753,000 from its capital immobilisation budget in 1994/95. The details are shown in Table 3.

Nature of the Upgrading

The vast majority of on-reserve health facilities consist of nursing stations. These are typically located in small one story buildings or may be part of larger buildings. In most cases, the upgrading consists of improvements such as installing power assisted door openers, lever type door hardware (lock sets and privacy sets), grab bars, lever or wing type faucets, making washroom improvements, building a sidewalk ramp and/or renovating the front entrance. This program was exclusively for on-reserve facilities and there was no intent to undertake renovations that would necessitate major redesigns to buildings.

Table 3:
Funding of the Retrofitting projects,
Medical Services Branch ($000)

	Fiscal Year				
Component	92/93	93/94	94/95	95/96	Total
NSIPD					
New Resources	$280.25	$280.25	$280.25	$280.25	$1,121
A* Base	$222.25	$222.25	$222.25	$222.25	$889
Sub-total	$502.50	$502.50	$502.50	$502.50	$2,010
MYOP (1)	$0.00	$828.00	$828.00	$828.00	$2,484
Capital (1)			$753.00		$753
Total	$502.50	$1,330.50	$2,083.50	$1,330.50	$5,247.00

(1) Even though used, or to be used, on the retrofitting program, these amounts are not considered part of the NSIPD.

Contributions

The amounts of $1,121,000 allocated to MSB under the NSIPD were received under Vote 10: Capital Expenditures. The responsibility for carrying out the renovation projects was delegated to the eight Medical Services Regions and the funds reallocated to them in proportion to

their need (Table 4). The actual renovations are carried out, and paid for, through contribution agreements or contracts with First Nations communities whenever the community has the capability to undertake the work. Payments are subject to the renovations meeting the specified standards and to the inspection and acceptance of the completed work by MSB officials. For 1995-96, accessibility funds have been allocated to the Medical Services Branch regions as part of a global "capital envelope" that should enable them to complete all outstanding accessibility projects.

Table 4: Funding by region 1992/93 to 1995/96 ($000)

	Fiscal Year			
Region	**92/93**	**93/94**	**94/95**	**Total**
Atlantic	68.0	113.5	147.7	329.2
Quebec	68.0	206.3	446.2	720.5
Ontario	68.0	296.7	312.2	676.9
Manitoba	68.0	210.0	630.0	908.0
Saskatchewan	68.0	40.6	438.5	547.1
Alberta	26.5	323.0	0.0	349.5
Pacific	68.0	110.0	108.7	286.7
Yukon	68.0	0.0	0.0	68.0
Total	**502.5**	**1,300.1**	**2,083.3**	**3,885.9**

Progress Made

As of March 31, 1995, 393 (88.5%) of the 539 MSB on-reserve health facilities will meet the accessibility requirements; it is expected

that the remaining 62 facilities will have been renovated by the end of 1995/96.

Table 5 shows the accessibility status of the Medical Services Branch as of the end of 1994-95 for each region.

Table 5:
Accessibility Status of MSB Health Facilities in February 1995

Region	No. Accessible	Completed by 94/95	No. not Accessible	Total Facilities
Atlantic	7	9	18	34
Quebec	22	9	0	31
Ontario	87	14	13	114
Manitoba	60	13	0	73
Saskatchewan	28	39	11	78
Alberta	73	0	1	74
Pacific	104	0	0	104
Yukon	12	0	19	31
Total	**393**	**84**	**62**	**539**

Conclusion

As all new facilities are built to meet the accessibility requirements; there will be no need for continuing this renovation program once completed.

chapter three

Health Canada
Fitness Initiatives under the NSIPD

BACKGROUND

In 1991-92, Health Canada was allocated $3.425 million over five years under the National Strategy for the Integration of persons with disabilities to initiate programs that would enhance opportunities for Canadians with disabilities to participate in physical activities. The Fitness Directorate (formerly Fitness Canada), Health Programs and Services Branch, is responsible for the development and delivery of these programs.

THE FITNESS DIRECTORATE

The Fitness Directorate overall objective is to foster lifelong participation of Canadians in physical activity in all its forms, thereby improving their health, well being and quality of life. The mission statement of the Fitness Directorate is:

> to encourage and support all Canadians to value and integrate physical activity into everyday life to maintain and improve their fitness, health, and well-being.

It derives its mandate from the Fitness and Amateur Sport Act (1961) which was passed to "encourage, promote and develop fitness and amateur sport in Canada".

Active Living

The concept of "fitness" promoted by the Fitness Directorate has changed over the years, from a concern with physical recreation and physical fitness in the early 1970s, to the encouragement of cardiovascular fitness in the early 1980s, to today's concept of Active Living.

Active Living is defined as a way of life in which physical activity is valued and integrated into daily life. It is inclusive, comprises all forms of physical activities (play, games, sports and dance) regardless of age, gender, cultural heritage, education or ability. Active Living is aimed at all demographic segments of the population including older adults, children and youth, and persons with a disability. It incorporates the spectrum from low intensity recreational activities to high intensive training and competition.

Fitness Directorate Programming for Persons with a Disability

The interest of the Fitness Directorate for persons with a disability dates back to 1986 when the Directorate (then Fitness Canada) supported a national symposium in Jasper, Alberta, to discuss and recommend ways to improve physical activity opportunities for persons with a disability. Shortly after, a National Advisory Committee was set up with the mandate to examine the symposium's recommendations and to formulate specific strategies to increase the opportunities for Canadians with a disability to participate in physical activities. Extensive consultation with various stakeholders resulted in a draft document called Physical Activity for Canadians with a Disability: A Blueprint for Action, which was released by Fitness Canada in 1988. It was meant to be a national action plan that would assist organizations, agencies, groups and leaders at the national provincial, regional and local levels to create a supportive environment and opportunities for persons with a disability to be more physically active. A final version called Active Living for Canadians with a Disability: A Blueprint for Action was published in 1991. This document still serves as the guide for the Fitness Directorate's activities.

The Active Living Alliance for Canadians with a Disability (ALACD)

The Fitness Directorate does not engage in direct program delivery but provides support to those stakeholder organizations which deliver programs to the public. The need for an effective vehicle for collaboration and information sharing led to the creation of the Active Living Alliance for Canadians with a Disability (ALACD) in 1989. The Alliance has no "formal" membership and any interested individual or organization can join its extended network. However, the Alliance has sixteen national organizations that act as recognized national partners (see Figure 1). In addition, the Alliance has a Coordinating Committee consisting of nine individuals and four working committees: Leadership Development, Advocacy, Promotions, and Research. Committee members come from national partner organizations and volunteer experts from the disability sector.

Figure 1 - National Partner Members of the Active Living Alliance for Persons with a Disability

1. The Canadian Association of Health, Physical Education, Recreation and Dance.
2. The Canadian Amputee Sports Association
3. The Canadian Association of Disabled Skiers
4. The Canadian Blind Sports Association
5. The Canadian Cerebral Palsy Sports Association
6. The Canadian Council for the Blind
7. The Canadian Deaf Sports Association
8. The Canadian Intramural Recreation Association
9. The Canadian Paralympic Committee
10. The Canadian Parks and Recreation Association
11. The Canadian Red Cross Society - Water Safety Services
12. The Canadian Special Olympics
13. The Canadian Wheelchair Sports Association
14. The G. Allan Roeher Institute
15. The Learning Disabilities Association of Canada
16. The National Network of Mental Health

The mission of the Alliance is to facilitate and develop collaboration among organizations, agencies and individuals, in order to positively affect active living lifestyles of Canadians with a disability in all communities. The Fitness Directorate works with the Alliance to develop and distribute products and services in fulfilment of the goals of the Blueprint for Action. These products and services include resources for leaders, proceedings of national meetings and forums, printed educational material, and workshops for Canada's Fitweek organizers[4]. The ALACD is also a key player in the development and delivery of the initiatives undertaken under the NSIPD.

INITIATIVES UNDER THE NSIPD

In December 1991 and January 1992, the Fitness Directorate conducted a cross country provincial consultation involving 263 participants at 11 different meetings[5]. The purpose of the consultation was to discuss with provincial governments as well as with the voluntary sector at the national and provincial level, possible implications and opportunities for cooperation and collaboration that

the NSIPD could represent. More specifically, the purpose of the consultation was to:

- outline the Fitness Directorate's components of the NSIPD;
- let provincial stakeholders identify and discuss initial areas of interest, and to examine opportunities for collaboration and cooperation; and
- identify current provincial projects to avoid duplication of effort.

Following this consultation, the Fitness Directorate undertook the four following NSIPD initiatives:

- a public awareness campaign through mass media advertising in partnership with ParticipACTION and other promotional activities to educate the public that physical activity is for everyone, including persons with a disability:
- a leadership development initiative aimed at improving accessibility to physical activity programs in six national non-profit organizations such as the YWCA of/du Canada and Royal Life Saving Society;
- an education initiative in partnership with the provinces aimed at the development and distribution of a resource to assist teachers in physical education to integrate persons with a disability in school physical activity programs; and,
- a community development initiative to provide contribution funding for pilot projects that will produce models and resources for other community recreation staff to use to increase opportunities for persons with a disability to participate in physical activities.

Table 6 provides a financial breakdown of the major initiatives undertaken by the Fitness Directorate under the NSIPD. A list of organizations that received contributions is presented in Table 7.

Table 6 - Fitness Directorate Funding Allocation for the NSIPD

Category			Fiscal Year 1991-92	1992-93	1993-94	1994-95	1995-96	Totals
A	Operating							
		Salaries / benefits	$0	$32,500	$65,000	$65,000	$65,000	$227,500
		Projects	$57,900	$18,000	$28,000	$58,000	$85,000	$246,900
B	Contributions							
		Moving to Inclusion	$100,000	$162,000	$287,000	$149,000	$35,000	$733,000
		Leadership Development Initiative	$17,000	$169,000	$189,000	$150,000	$50,000	$575,000
		Public Awareness	$234,000	$244,000	$0	$0	$0	$478,000
		Community Development Initiatives	$10,000	$85,650	$121,300	$109,000	$40,000	$365,950
		Administration, Coordination and Support	$6,000	$75,000	$151,000	$80,000	$80,000	$392,000
		Planning, Monitoring and Evaluation	$30,000	$43,000	$50,000	$24,000	$30,000	$177,000
C	Total (A + B)		$454,900	$829,150	$891,300	$635,000	$385,000	$3,195,350
D	NSIPD Allocation		$635,000	$885,000	$885,000	$635,000	$385,000	$3,425,000
E	Variance (D - C)		$180,100	$55,850	($6,300)	$0	$0	$229,650
F	Non-NSIPD Disability Related							
		Contributions	$390,130	$247,912	$120,235	$126,054	TBD	TBD
G	Overall Disabilities Total (C + F)		$845,030	$1,077,062	$1,011,535	$761,054	TBD	TBD
	Notes							
		Explanation of Variance						
		Year	Comment					
		1991-92	Government wide TB budget freeze implemented on uncommitted funds only, January 1992 - funds received, Dec 1991					
		1992-93	FTE filled in Sept, 1992; $19,500 transferred to Sport Canada and					
			Secretary of State for Independence '92 Congress; and $4,500 lapsed.					
		1993-94	An $8,000 transfer from Sport Canada.					

- the student with an intellectual disability;
- the student with multiple disabilities;
- the student who is physically awkward;
- the student with a visual impairment;
- the student who uses a wheelchair;
- skiing for the student with a disability.

The MIR Series was developed by nine Technical Committees, one for each manual, under the direction of a National Steering Committee. The committees consisted of physical education teachers, consultants, school principals, parents, provincial Ministries of Education representatives, university faculty, persons with a disability, Fitness Directorate staff, and other experts.[9]

The Fitness Directorate contributed $689,000 to this project from 1991-92 to 1994-95, essentially to cover development costs (travel, research and printing). Nine national voluntary organizations participated in the project providing volunteer time, subject matter expertise and administrative support.[10] Provincial Ministries of Education provided substantial support in reviewing, revising, promoting and distributing the manuals. The MIR Series was completed in Spring 1994.

Each manual in the series was originally priced at $15.00 and made available from the Canadian Association for Health, Physical Education, Recreation, and Dance (CAHPERD) in Ottawa who undertook to be the national distributor for the first year. This responsibility has since been assumed by the ALACD. Sales revenue will be used for updates, revision or reprints. An international distribution agreement is in negotiation and discussions are under way to provide in-service training conducted by Canadians.

A doclet (condensed) version of the Series has been produced. From June to January 1995, complimentary copies of the doclet have been delivered to all provinces and territories for distribution to each of the 15,000 Canadian schools, plus each college and university. Industry Canada offered to maintain the 9 abridged documents on line, at no cost to Health Canada, on the SchoolNet computer network. The doclet version is intended to bridge the gap between getting started and the provision of additional, detailed information found in the more complete manuals. The doclet version also serves as a marketing tool to help teachers and decision-makers in the education system familiarize themselves with the material to stimulate interest in the full

version. Members of the Technical Committees agreed to promote and market the whole package in addition to their own component.

To complement the MIR Series, a training component was introduced to prepare resource people in each province and territory who could assist teachers in the use of the materials. In April 1994, a national workshop was held with people from each province and territory. These participants are responsible for conducting workshops in their respective province or territory to train additional resource people. Participants at the provincial workshops will provide direct in-service training to school teachers. As of April 1995, 240 leaders across the country have been trained to provide direct in-service assistance to school teachers at the community level.

Evaluation Findings

continuing need

For this evaluation, no independent assessment of the need for the Movement To Inclusion Resource Series was undertaken. However, five individuals who participated in the development of the MIR Series were interviewed. On the basis of these interviews and of the material reviewed, it appears that a broad consensus exists on the need for this material and that it fills a gap in the education system. According to respondents, only three or four Faculties of Education offer degrees in adapted physical education with the result that teachers typically lack the skills and knowledge to deal with students with a disability. Teachers have been asking for resources to assist them in enhancing participation of students with a disability in their physical education programs. Another respondent stated that it is the first time that a Canadian resource focusing on physical education for students with disabilities has been developed specifically for the Canadian school system.

The initiative is also consistent with the Blueprint for Action and with a specific recommendation of the Special Committee on the Disabled and the Handicapped.[11] The fact that all provincial Ministries of Education not only endorsed but accepted to participate in the distribution of the Series further suggests that the resource is filling a need.

partnership

By and large, interviewees are very satisfied with the way the Series has been developed and the wide mix of people involved in its development. A large part of the research and development was done by volunteers. Without the support of the Fitness Directorate, it is doubtful that such a resource could have been developed. One respondent stated that the available funding "enabled us to get it (one of the manuals) done much more quickly and professionally than we

would have been able to do on our own." As such, a significant workload was managed by volunteers at a relatively low cost to the Health Canada.

Respondents who were closely involved in Moving to Inclusion, voiced some concerns about distribution and implementation. The integration of persons with disabilities in regular classrooms is still not equally accepted everywhere and not all teachers in physical education necessarily agree with the movement to integration. Consequently, a considerable amount of energy and resources will continue to be needed to make the program successful.

One respondent suggested that it will be important to take full advantage of the groups who have a vested interest in making the project successful, such as provincial disabled sports associations. Respondents who are from the education system indicate that the resources will be useful, and initial reaction from a small sample of student teachers has been positive. Nevertheless, some respondents suggested that a further impact could be achieved by targeting the resource at younger teachers through teacher preparation programs.

information collection

Only an evaluation of the actual use of the Series by teachers and other users and a feedback from the students with a disability will provide sufficient information to assess the degree of usefulness and effectiveness of the manuals.

Feedback from schools will come in several forms. Firstly, the Fitness Directorate plans to use the order cards enclosed in the abridged documents as a source for a database for feedback and evaluation. Secondly, the SchoolNet computer network, administered by Industry Canada, may be used to collect feedback about the resources. Thirdly, an evaluation committee developed a plan to assess the resources and the in-service components of the project.

The project focus and clear definition of the end products by Moving to Inclusion partners contributed to the successful conclusion of resource development, and the training of national facilitators.

alternatives

Moving to Inclusion resources are unique in Canada. Respondents suggest that the Fitness Directorate should encourage the use of Moving to Inclusion resources in teacher preparation courses in education and physical education.

One respondent suggested that provincial Ministries of Education should provide training programs through their own education systems for teachers, complementing the existing provincial training workshops following the national facilitators workshop.

It is difficult to accommodate information about all types of disabilities. The Moving to Inclusion resource contains 9 different modules, however, some respondents feel that more modules should be developed. Other suggested topics include common childhood disabilities such as behaviour problems, learning disabilities, epilepsy, asthma, diabetes, and congenital heart defects. However, it may be preferable to wait for the evaluation of the existing manuals before developing new ones.

Community Development Initiative

The Community Development Initiative (CDI) provides funding support for short-term projects (one to two years) that will result in resources, models, or community programming approaches that can be used by others to involve persons with disability in physical activity and recreation programs. Proposal applications that were able to share the responsibility for project development with other community organizations were given greater consideration.

Applications are invited through the annual NSIPD Stakeholders Forum and the Annual ALACD forum. In addition, national organizations receiving the annual Fitness Directorate Contribution Program administrative guidelines are also invited to apply. Thus, while there was limited advertising, no limit is placed on the number of applications permitted.

Since 1991-92, and including 1995-96, 30 written applications were submitted for funding support. Over the four years completed to date, 9 of 27 applications were rejected, translating into an acceptance ratio of 67 percent (18 of 27) to 14 different organizations for a total expenditure to date of $327,000. The average annual contribution per organization was just over $18,000.

A listing and description of projects funded for the 1992-93 and the 1993-94 fiscal year are provided in Table 1. In addition, more complete project descriptions of three projects and their assessment are given in the Appendix C.

Evaluation Findings

The PED evaluation team reviewed the types of projects funded, the

process for replication of results to other users, and the accountability framework. It was premature and too costly to assess how well the finished products and resources will be used by recreation and fitness providers, or their effect on the physical activity behaviour of persons with a disability.

accountability framework

Funding recipients are expected to provide mid-term and final reports to the Fitness Directorate along with copies of completed resources, models, or products, depending on the project. Fitness Directorate officials confirm that final reports and expected deliverables were submitted to the Department for all projects funded in the 1991-92 and 1992-93 fiscal years. Moreover, mid-term reports have been submitted for all projects funded in the current fiscal year of 1994-95. Final reports and expected deliverables of current projects will be made at the Annual NSIPD Stakeholders' Forum in May 1995, in Toronto.

Organizations receiving community funding were also expected to make arrangements for the further distribution of products or other resources produced through the project. In a review of project reports, this was done in some cases, but not all. Consequently, the Fitness Directorate plans to work with the ALACD to devise a distribution plan for the products and resources created through the NSIPD Community Development Initiative projects.

alternatives and suggestions for improvement

Interviews with project organizers and a review of internal documents reveal few suggestions for improvement to specific projects.

The community development area is a way for the Fitness Directorate to work directly with local communities. It allows the Directorate to break away from its traditional work undertaken with its long standing national organization funding recipients to find new partners that are able to bring new expertise, perspectives and products. It is in the interest of the Department to ensure that useful community resources developed through these types of pilot projects are made available to the appropriate users at a reasonable cost. The Fitness Directorate needs to ensure that a system is developed and implemented so that project resources and reports are systematically shared with others who may be able to benefit from them.

Table 8
Community Development Initiative Projects 1992-93, 1993-94

Organization Name	Project Name	Project Description
Learning Disabilities Association of Canada	Equal Opportunities: Recreational Programming for Children and Youth with Learning Disabilities	Needs Assessment and promotional campaign to increase the awareness and knowledge of recreation providers about children with learning disabilities.
Canadian Parks and Recreation Association	Municipal Policy Guidelines Initiative	Production of guidelines and series of workshops for municipal staff and community groups to educate them about developing and using inclusive policies.
Taoist Tai Chi Society of Canada	Taoist Tai Chi Leadership Project	Production of a Taoist Tai Chi manual for the disabled - for anyone with limited range of motion, whether for physical or mental reasons.
Canadian Intramural Recreation Association (CIRA)	CIRA Special Bulletin Project	Production and distribution of a newsletter insert into the CIRA Newsletter to 20,000 to all educational institutions.
K. C. MacLure Habilitation Centre	Attitude Flex Project	Production of a video and manual and conducting of workshops to train aerobic instructors about how to integrate persons with a disability into fitness classes.
Association montréalaise d'action récreative et culturelle	Accessibility and Rates for Persons with a Disability at La Ronde	Development of a system for identifying persons with a disability and establishment of a new admission policy to La Ronde for accompanying attendants.
The Montreal Island Regional Recreation Association for the Disabled	The Accessibility Guide	Production of a booklet and hosting of workshops for sport and recreation event organizers to increase the attendance of persons with a disability.
University of Ottawa - Centre for Special Services	Full Participation in Physical Activity at Post Secondary Level Program	Development and testing of a model on how to integrate persons with a disability into university intramural recreation programs.

Organization Name	Project Name	Project Description
Dalhousie University	Assessment of Activity Adjustment in Persons with acquired Chronic Illness and Disability	Development of an interview guide to assess the amount of activity adjustment required of persons with chronic illness and disability.
British Columbia Parks and Recreation Association	Adapted Fitness Project for Fitness Class Leaders	Development of a booklet to help aerobic instructors, and personal fitness trainers to work with persons with a disability.
PEI Association for Community Living	Active Living Resource Project	Production of information kits, hosting of workshops for teachers' assistants, group homes, recreation providers about how to work with persons with a disability in recreation programs.
The Canadian Sports and Fitness Administration Centre (Skills Program for Management Volunteers)	Managing Organizational Diversity	Training module and workshop to educate members of a board of directors of voluntary organization about how to make their organizations more inclusive towards persons with disabilities.
Administration Bureau for Active Living	Canadian Society for Psychomotor Learning and Sport Psychology Symposia	Symposium for physical activity related scientists to discuss how to encourage researchers to use persons with a disability into their research designs
	Active Living Alliance Resource Directory	Electronic version (computer) of a resource directory of successful programs, lists of speakers, research papers and lists of organizations.
	Fit for All Project (Canada's Fitweek)	Development of a booklet and hosting of provincial workshops for municipal recreation coordinators.
	National Fitness Leadership Advisory Committee (Specialty Module about Persons with a Disability for the Training of Fitness Class Leaders)	Development of list of competencies required of aerobic and fitness instructors when working with persons with a disability in fitness programs.

Administration, Coordination, Planning and Evaluation

Over the five year period from 1991-92, and forecasting to the end of the fiscal year 1995-96, $569,000 will have been spent on staff support, administration, stakeholder forums, provincial consultations, planning meetings, and other costs related to the four projects of public awareness, leadership development, moving to inclusion, and community development. For example, each year, the Fitness Directorate holds a Stakeholder Forums to discuss and review progress made in the NSIPD initiatives; the next one is scheduled for May 1995.

Overall the projects undertaken under the NSIPD are consistent with the goals of the Blueprint, and were developed in collaboration with the ALACD whose members consist of experts, educators, municipal recreation providers and other advocates. Consequently, the prospects for the future use of the project outputs and the ultimate effect on the physical activity patterns of persons with a disability is favourable.

Role of the Active Living Alliance for Canadians with a Disability (ALACD)

The ALACD is viewed as a beneficial organization by its members, and serves a valuable function of providing opportunities for networking among professionals, volunteers and government officials. It has also produced some useful products and services that stakeholders and leaders can use in their work in helping to improve the physical activity patters of persons with a disability.

The ALACD played a key role in both the formulation and implementation of the NSIPD. With several years of experience prior to the NSIPD, the ALACD was well positioned in December 1991 to help the Fitness Directorate in implementing the activities under the NSIPD.

A complete technical report on the effectiveness and future prospects for the ALACD is provided in Appendix D.

endnotes

1. The objectives under a) and b) are from The National Strategy for the Integration of Persons with Disabilities, Supply and Services Canada 1991, Catalogue No. S2-217/1991, ISBN 0-662-58491.

   The retrofitting objective is from a 1991 letter from the Minister of National Health and Welfare to the President of the Treasury Board asking specifically for the approval of an additional amount of $1,121 million under the NSIPD to undertake the retrofitting program.

2. Report of the National Consultation on Continuing Care Needs in Indian and Inuit Communities for the Strategy for the Integration of persons with Disabilities

3. National Strategy to Deal with Urgent Health Priorities of First Nations and Inuit, Press release, 1994-33, September 26, 1994.

4. Fitweek organizers operate at two levels: within national organizations and within local community organizations, such as a municipal parks and recreation department. At the national level, a Fitweek organizer will coordinate the production of a national event such as the Do it Daily Campaign" with the aim of encouraging school children to be active during Canada's Fitweek. At the national level, the principal role is the production of resource material, collating results of local events, and tracking media response to Fitweek. At the local level, Fitweek organizers actually host local physical activity events, such as group fun runs, tug of war contests, encouraging workers to wear sneakers to work, celebrity challenges and other creative means of encouraging people to be active during Fitweek.

5. National Strategy, Active Living for Canadians with a Disability, Provincial Consultation, Final Report - Executive Summary, Lifetime Consulting Services, Collingwood, Ontario, March 1992.

6. Active Living Integration Strategy for Canadians with a Disability, Public Awareness and Communications Strategic Workplan, prepared for Fitness Canada, February, 1992.

7. ibid

8. A fitness appraisal is a series of tests and measurements to determine one's degree of physical fitness involving the components of heart and lung fitness, body composition, joint flexibility, and muscular strength and endurance.

9. Proceedings Report, Annual Stakeholders Forum, February 10 - 13, Ottawa, 1993

10. The following organizations received a financial contribution as part of their role in the Moving to Inclusion project:

- Canadian Special Olympics
- Canadian Amputee Sports Association
- Canadian Deaf Sports Association
- Canadian Cerebral Palsy Association
- Canadian Wheelchair Sports Association
- Canadian Association for Disabled Skiing
- Canadian Council for the Blind
- Canadian Association for Health, Physical Education and Recreation
- Administration Bureau for Active Living (Active Living Canada)
- Canadian Paralympic Committee

11. Report of the Special Committee on the Disabled and the Handicapped, Fifth Report, June 1982.

appendices

Appendix A

List of persons interviewed

Appendix B

Interview Guides

- The Leadership Development Initiative
- Moving to Inclusion
- Community Development Initiative

Appendix C

Case Studies

- Fit for All Project
- Canadian Society for Psychomotor Learning and Sport Psychology Symposia
- Special Fee Structure "Pilot" at La Ronde Summer 92

Appendix D

Technical Report - Assessment of the Active Living Alliance for Canadians with a Disability (ALACD).

APPENDIX A

List of Interviewees for the National Strategy for the Integration of Persons with Disabilities (NSIPD)

(Moving to Inclusion Initiative, Leadership Development Initiative, Community Development Initiative, and Public Awareness Campaign)

1. Kathy Taylor-Hallick, The Canadian Recreational Canoeing Association
2. Lesley Dyck, The YWCA of/du Canada
3. Lori Crosby, The Canadian Wheel Chair Sports Association
4. Marilyn Van Walleghem, The Canadian Cerebral Palsy Sports Association
5. Dr. Jane Taylor, The Canadian Association for Health, Physical Education, Recreation and Dance
6. Patti Longmuir, The Canadian Association for Health, Physical Education, Recreation and Dance
7. Gerry York, The Canadian Blind Sports Association
8. Collinda Joseph, (Fit for All Project)
9. Dr. Art Salmon, ParticipACTION
10. Dr. Jim McClements, The University of Regina
11. Bruce Taylor, Deborah Holbrook, Scott Ogilvie, Fitness Directorate, Health Canada

APPENDIX B

Interview Guides

The Leadership Development Initiative

Name of Organization: _____

Name of Respondent: _____

Name of Interviewer: _____

I. Introductory Comments

A. To start with could you please describe how you and your organization have been involved with the Leadership Development Initiative (LDI) of the NISPD.

II. Relevance

The objectives of the LDI as stated by the Fitness Directorate were to:

a. enhance the knowledge and skills of physical activity leaders (both at the organizational and program level) in the design and delivery of programs for persons with a disability; and

b. to help organizational change within selected associations so that individuals with a disability are better addressed within organizational programs and services.

1. To what degree do you feel that this initiative has helped to address the leadership development needs within your organization with regards to Canadians with a disability? In effect, is it hitting the mark?

2. Are the issues addressed within this initiative still important to address? Why, or why not?

III. Success

A. National Steering Committee (NSC)

The NSC comprised the six organizations involved with the LDI.

1. Comment on the efficiency and effectiveness of the National Steering Committee meetings (once per year). Please comment on the following areas:

   a. planning and direction carried out by the committee;
   b. the opportunity to share ideas and strategies;
   c. the opportunity to identify collective needs;
   d. organizational reports on the inclusion process;
   e. frequency and duration of meetings.

B. Resources

I will now be asking about the consultation and input process to the development of the Communication Guide, the Inclusion Assessment Tool and the tracking report.

1. Was there adequate opportunity to provide input?

2. Were the guidelines for feedback understandable and easy to use?

3. Please comment on the practicality, ease of use, and educational value of the Communication Guide, the Inclusion Assessment Tool and the tracking report. (I understand that the tracking report was shared with the steering committee and is used by your organization to track progress.)

   a. Will your organization be able to make good use of the resources? Why or why not?

   b. Do you feel that other organizations involved in physical activity will be able to make good use of these resources? Why or why not?

   c. How could these resources have been improved and made more effective?

C. Fitness Directorate Support

1. What was your assessment of the funding procedure?

2. How helpful was the twice yearly tracking report?

3. Describe how the Fitness Directorate consultant assisted you with the project?

   a. Do you feel that the role adopted by the Fitness Directorate consultant was appropriate for this project?

   b. Why or why not?

4. Did your organization benefit from the Integration Strategy Review Forum?

   a. Why or why not?

5. Presumably, your organization has been doing work in the area of physical activity for persons with a disability for some time. Please comment on whether the LDI, made a difference to your organizations' progress in this area.

   a. If it has made a difference, please discuss what has changed?

D. Future Intentions

1. Your organization has been involved in the LDI for the past three years. In your opinion, do you feel that your organization will continue with its inclusion activities after April, 1995?

   a. Can you give any evidence of future commitment such as motions at the board or council level or other measures? (annual membership meetings; updates for others - a forum to influence decision-makers)

2. Do you feel that your organization will provide support (in the form of human and financial resources) to assist the LDI committee in your organization?

IV. Alternatives

As listed above, the objectives for the LDI of the NISPD are to:

a. enhance the knowledge and skills of physical activity leaders (both at the organizational and program level) about designing and delivering programs for persons with a disability; and

b. help organizational change within selected associations so that individuals with a disability are better addressed within programs and services.

1. From your experience with this project, and in your opinion, can you think of a different yet equally effective way of realizing these objectives?

Well, that ends the formal questions. Do you have anything you would like to add?

Thank you for your time, cooperation, and input.

November 9, 1994

PEY PED

Moving to Inclusion Initiative

Interview Guide

Name of Organization: _____

Name of Respondent: _____

Name of Interviewer: _____

Opening Remarks

A written questionnaire has been sent out to members of the technical committees involved with the M2I. This interview builds on the written questionnaire. I will be exploring the nature of your satisfaction with the M2I process to date. In addition, questions will be asked about continued relevance, success stories, lessons learned and possible alternatives.

As you may know, there are a number of evaluation activities related to the Integration Strategy, which are currently under way. We have tried hard to integrate and coordinate our evaluation activities where possible.

And, for your information and convenience, the interview should not exceed 30 minutes.

1. Background

As a starting point, could you please discuss the work of your organization and what you are currently doing in the area of persons with a disability.

Please describe the role you and your organization played in the development of the M2I resource.

Now that you have completed the written questionnaire from a technical committee perspective, I would like to ask you some additional questions that expand on the written questionnaire that you may have completed.

2. Continuing Relevance

Over the past twenty years, there has been a social movement to bring students with a disability into regular school programs. These developments have placed expectations on teachers of physical education to accommodate students with a disability. The need to help

teachers in planning and conducting programs such programs has been repeated by many teachers and education system officials.

a. In your opinion, to what degree is this need still unfulfilled?

b. Do you feel that the Moving to Inclusion resource will help to address this need?

If yes, how, if not, why not?

c. Can you be specific and indicate any need areas that remain unfulfilled in helping teachers to integrate students with disabilities into school physical activity programs?

3. Working in Partnership

As part of the Government-wide NSIPD, the Fitness Directorate has helped to provide support to the Moving to Inclusion project through funding, coordination and logistical support, the stakeholders' forum and overall guidance.

a. In your opinion, did the Fitness Directorate provide the kind of leadership and support needed to move the project forward?

i. Please elaborate on your response.

ii. What were the most significant contributions made by the Fitness Directorate on the M2I project?

iii. Do you have any suggestions for how the working arrangement with the Fitness Directorate could have improved?

b. Reflecting on your involvement with the M2I project, to what degree did the Fitness Directorate help in **the coordination of programs** and activities aimed at integrating students with disabilities into school-based programs?

4. Lessons Learned

a. From your involvement in the development of the M2I resource, what are the most significant success stories and lessons learned from the project?

b. In your view, could either the development process for the resource or the resource itself have been improved?

i. If yes, how, and if not, why not?

5. Alternatives

a. If this resource had not been developed, where would school physical education teachers have turned for support and guidance on how to integrate students with disabilities into school physical activity programs?

b. Could the needs of school physical education teachers been met in any other way than through the M2I process?

i. Could anything have been done differently to achieve the same goal?

ii. If yes, what, and if not, why not?

Well, that concludes the formal questions. Do you have anything else you would like to add?

Thank you very much for your time, cooperation and input.

November 9, 1994

PEY PED

Community Development Initiatives

Interview Guide

Name of Organization: _____

Project Name: _____

Name of Respondent: _____

Name of Interviewer: _____

6. Background

This interview deals with your involvement in the Community Development Initiative as part of the NSIPD. I will be asking questions about how the project was created, designed, implemented. And, I would like to hear your views on the project's relative success, lessons learned and possible future implications.

As you may know, there are a number of evaluation activities related to the Integration Strategy, which are currently under way. We have tried hard to integrate and coordinate our evaluation activities where possible.

And, for your information and convenience, the interview should not exceed 30 minutes.

The purpose of this evaluation is to provide the management of Health Canada, Fitness Directorate and Human Resources Development Canada with information about the activities and results of programs addressing the needs of persons with a disability.

a. Please describe for me the role you and your organization played in the CDI of the NSIPD.

7. Program Development

a. Why was this initiative undertaken? From your perspective what need is being addressed?

b. Please describe the project that your organization undertook as part of the NSIPD.

Do you have any documentation that recounts what was done? I am looking for information on general aim, activities, expected results, and implementation phases.

8. Partnerships

a. Could you please describe the nature of the partnership with the Fitness Directorate (eg. financial, cost shared, administrative, shared responsibilities).

i. Describe the role of the Fitness Directorate staff.
ii. Was it adequate? How it could it be improved?

b. How has this partnership arrangement made any difference in your organization or community?

c. Would this initiative or one similar have been undertaken without the support and involvement of the Fitness Directorate?

d. As a result of Fitness Directorate support were you able to leverage additional partner support within your community?

i. If you gained additional resources or support, do you think that you would have been able to do so without the involvement and funding of the Fitness Directorate?

9. Lessons Learned

a. With respect to physical activity and persons with a disability and the process used to create and implement this project, what have you learned?

b. Were the results of the projects documented and shared with others?

c. Do you have any evidence that the project was successful?
i. Could you please elaborate?

ii. If there is no evidence of project success at this time, how will the initiative be evaluated?

d. Following your experience in this initiative, and in your opinion, what are some future need areas that should be addressed in the area of physical activity and persons with a disability?

10. Alternatives - General

The objectives for the Community Development Initiative were to:

i. enhance active living participation opportunities for persons with a disability;

ii. increase the awareness and understanding levels of program and service providers as to the needs and benefits of active living for persons with a disability;

iii. facilitate the development of integrated plans and new opportunities and services at the community level; and

iv. support innovative projects that can be replicated in other similar communities across Canada.

a. Assuming the same level of resources, could the Fitness Directorate have achieved these objective in another manner? If yes, how, if not, why not?

November 10, 1994

PEY PED

APPENDIX C

Community Development Initiatives

Case Study Reports

Name of Project - Fit for All Project

1. Purpose of the Project

The purpose of the project was to increase the awareness and understanding of community recreation leaders about how to integrate persons with a disability into community recreation programs.

2. Project Description

The project was undertaken through the Active Living Alliance for Persons with a Disability (ALACD) with a financial contribution from the Department. The contractors hired for the project reported directly to Fitness Directorate staff and ALACD staff. The Fitness Directorate provided office space and administrative support to organize the workshops and produce teaching aids. The Directorate helped to create the idea, forge the linkage with the Canada's Fitweek Secretariat and provided supervision to the contractors during the project.

Staff of the Fitweek Secretariat[12] provided a mailing list of municipal recreation coordinators so that Fit for All flyers could be sent to volunteer Fitweek event leaders across the country.

The Reversing the Barriers document and a Government of Ontario video were used to educate participants about myths and barriers to participation in physical activity and to provide helpful practical suggestions about integration.

3. Project Results

Workshops were held over a two-week period in each province, except the province of Quebec. The Ontario session was held with national event coordinators of Canada's Fitweek, who work on a seasonal basis with national organizations such as the Canadian Intramural Recreation Association to undertake the Do it Daily campaign for secondary schools students. The number of workshop participants ranged from a low of under 10 in Vancouver to a high of 35 in St. John's. One workshop was not conducted because participants dominated the agenda with concerns about federal government activities with respect to persons with disabilities.

4. Evaluation Findings

a. Relevance

Interviews with the project coordinator and Fitness Directorate staff suggest that community recreation leaders need more information and tools to help them to integrate persons with disabilities into municipal recreation programs. This is supported by the mail survey of 113 stakeholders that reveals that training is required to help teachers and recreation coordinators to integrate persons with a disability into community programs.

b. Partnerships

The Fitweek Secretariat provided a distribution list of volunteer FitWeek event organizers so that these leaders could receive printed information about inclusion. However, due to other priorities, Fitweek staff were too busy; thus, it was not feasible for the Secretariat to offer additional assistance. The project coordinator mentioned some delays in getting community contact names. In effect, the project was done by the ALACD and staff of the Fitness Directorate. The support provided by the ALACD and the Fitness Directorate staff helped in project completion. Clearly, the project could not have been undertaken without the financial support and expertise of the Fitness Directorate.

c. Project Impact

No evaluation was undertaken with respect to participant reaction. Moreover, no assessment was made of workshop participants to find out if their participation at the workshop had effected their work with persons with a disability. However, the project coordinator and Directorate personnel feel that participants did experience increased awareness and understanding of the issues surrounding community programming for persons with a disability. Moreover, participants stated that having a person with a disability as the workshop leader added to the impact of the presentation.

Workshop participants said that this topic is not a priority for most recreation leaders. These participants would tend not to seek out information about inclusion. Thus, the opportunity to attend the workshop and the practical hands-on approach adopted by the project coordinators was effective in increasing awareness and understanding.

Demonstration and pilot projects require that results and lessons learned to be shared with other users, so that the full impact and reach of the project can be realized. A report of the Fit for All workshops was presented to delegates at the 1992 Annual Stakeholders Forum. Thus, some attempt was made to share results to broaden the impact of the project. However, no assessment was undertaken by the Directorate to find out if anyone had used the information from the project. Neither the project coordinator nor the Directorate staff showed any efforts to replicate the project in other communities, or to assess how this could be undertaken.

5. Alternatives and Suggestions

The project coordinator said that the workshop format used in this project allowed participants to apply the information to back-home situations. The approach of having one workshop in each major municipality limits the reach of the program. However, to reach a wider audience, more trainers or coordinators will be needed.

Name of Project - Canadian Society for Psychomotor Learning and Sport Psychology Symposia

1. Purpose of the Project

The purpose of the project was to help physical education researchers in designing research projects and proposals with respect to persons with disabilities. The project arose from the document Active Living for Canadians with a Disability: A Blueprint for Action, which suggested the need for a strong knowledge base[13].

2. Project Description

In 1992 a joint conference was held involving the Canadian Association of Sport Sciences (CASS)[14] and the Canadian Society for Psychomotor Learning and Sport Psychology (SCAPPS).

Several leading Canadian physical activity researchers made presentations on the following topics: the advantage of using individuals with an impairment as part of a theory building strategy; traditional funding sources, foundations and government programs that can be accessed for research with special populations; and experimental designs that are appropriate for special populations[15].

3. Evaluation Findings

a. Partnerships

Interviews reveal that this project could not have been undertaken directly by the staff of the Fitness Directorate. This provided for some modest leveraging of resources and access to research expertise normally unavailable to the Department.

Over 40 physical activity scientists from Canada and the United States attended the session. The symposium presentations were published in the fall, 1993 edition of Adapted Physical Activity Quarterly, leading to a wider distribution. Moreover, a general report of the project was given at the 1992 Annual NSIPD Stakeholders' Forum.

Although no formal assessment was undertaken, the host coordinator said that the symposium helped to increase the awareness of participant researchers about inclusion issues. This is supposed to lead to improved quality of research information about physical activity and persons with a disability. No plans are under way to share the results of the project with others.

4. Alternatives and Suggestions

While interviews with Directorate staff and the project coordinator reveal that the project could have been undertaken by the Directorate itself, this option was not considered feasible. Directorate staff have many projects to manage at once, and the research expertise to undertake such a symposium does not exist within the Directorate.

The project coordinator of the research symposium could not see the value in holding another symposium of this type, since it was a stand alone type of initiative. No plans are under way within the research community to either follow-up or undertake any further awareness raising or specific training for physical education researchers.

Name of Project - Special Fee Structure "Pilot" at La Ronde Summer 92

1. Purpose of the Project

The purpose of the project was to develop an appropriate admission policy to La Ronde Amusement Park for persons with a disability.

2. Project Description

A series of complaints about the admission fees to La Ronde amusement park from parents of children with an intellectual disability lead to a review of the parks' admission policy.

In January 1991, the Directors of La Ronde decided to create a coalition made up of persons with a disability, staff from the City of Montreal and La Ronde to review the situation and examine some possible solutions.

In May 1992, $15,000 was obtained from the Fitness Directorate under the NSIPD to assess how policies at La Ronde could affect accessibility by persons with a disability.
The coalition gathered comments from local stakeholders and decided to adopt the following principles with the respect to the La Ronde entrance policy[16]:

- if, to take full advantage of the activities and services, a person with a disability requires an attendant, then that attendant is admitted free of charge; and
- the definition of an attendant is a person whose presence is justified by the support and assistance he or she provides exclusively to one or more persons with a disability, in activities for which the general population would not require assistance.

3. Evaluation Findings

a. Partnerships

Six local disability related organizations were asked to identify criteria and to accredit individuals who fit the criteria. As a result, 600 persons with a disability were accredited as requiring attendants covering the following range of disabilities: intellectual, physical, visual, mental and hearing.

b. Project Impact

No evaluation of persons with a disability was undertaken to determine how changes to the admission policy affected the participation of persons with disabilities.

As a community demonstration project, results need to be recorded and shared with others. Since the project was presented as part of the 1992 NSIPD Stakeholders' Forum, many other municipal recreation professionals were made aware of the project. According to Directorate officials, municipal recreation officials within the greater metropolitan Montreal area adopted similar admission policies for persons with a disability. Consequently, some attempt was made at replicating the pilot project findings.

4. Alternatives and Suggestions

Organizers from the La Ronde coalition felt the admission policy worked well and suggested that the project continue in the future. It was recommended that users be surveyed to assess their reaction and use of the new policy.

Case Study Endnotes

12. Canada's Fitweek Secretariat was a non-governmental organization, funded as a special project of the Canadian Sport and Fitness Administration Centre. At the time of the Fit for All project, staff of the Secretariat were responsible for the delivery of Canada's Fitweek.

13. Active Living for Canadians with a Disability: A Blueprint for Action." Ottawa, Fitness and Amateur Sport, Health and Welfare Canada, Government of Canada, 1992.

14. Since 1992, CASS has changed its name to the Canadian Society for Exercise Physiology.

15. "Proceedings Report: Furthering the Blueprint," Active Living Alliance for Canadians with a Disability, December 3-6, 1992, Fitness and Amateur Sport, Health and Welfare Canada, Government of Canada, 1992

16. "Proceedings Report, Furthering the Blueprint," Active Living Alliance for Canadians with a Disability, Fitness and Amateur Sport, Government of Canada, December 3-6, Ottawa, Ontario, 1992

APPENDIX D

Technical Report

Evaluation of the Active Living Alliance for Canadians with a Disability

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I. Background

This document is a technical report about the Active Living Alliance for Canadians with a Disability. It was undertaken as part of the federal government-wide evaluation of the National Strategy for Persons with a Disability (NSIPD).

On September 6, 1991, the federal government announced the NSIPD to which an amount of $157.8 million was to be allocated over the five-year period 1991-92 to 1995-96.

The overall objectives of the Strategy were:

- Equal Access: taking strategic action in areas of federal responsibility that demonstrate leadership and establish benchmarks for the accessibility of persons with disabilities to goods, services and facilities required for daily life.

- Economic integration: taking measures to systematically alter policies and practices in order to remove barriers to the training and employment opportunities for persons with disabilities.

- Effective participation: involving persons with disabilities and their organizations in petitioning and educating government, the general public and disabled persons themselves as the key to redefinition of their role in Canadian society.

The Strategy involved, at the time, ten federal departments and agencies including Health and Welfare Canada.

II. History of Fitness Directorate Programming for Persons with a Disability

In 1986, the Fitness Directorate supported a national symposium, held in Jasper, Alberta, to recommend how to improve physical activity opportunities for persons with a disability. Shortly afterwards, a National Advisory Committee was set up to examine and carry out the recommendations. The next step in this process was the creation of a draft Blueprint for Action. The draft Blueprint was first released in 1988. Individuals and groups were encouraged to provide feedback so that improvements could be made to the overall plan.[1]

The document called **Active Living for Canadians with a Disability: A Blueprint for Action** is a national action plan. It was created to assist organizations, agencies, groups and leaders at the national provincial, regional and local levels to create supportive communities for persons with a disability to be more physically active.

The Blueprint identified seven goals that served as the basis for various initiatives undertaken over the period from 1986 to 1991:

- To facilitate the growth of self-empowered individuals through awareness, education and support.

- To develop quality delivery systems and networks with clearly defined roles, responsibilities and communications links at all levels.
- To enhance organizational planning and policy development.
- To identify, develop and promote relevant opportunities and related services.
- To develop and promote leadership which facilities participation in physical activities.
- To identify, promote and support research and communication of state-of-the-art information.
- To develop public awareness through promotional strategies involving community action and public education[2].

A. The Active Living Alliance for Canadians with a Disability (ALACD)

The need for an effective vehicle for collaboration and information sharing was a priority called for in the Blueprint. As a result, a number of national organizations with an interest in active living and persons with a disability assembled to form a collective partnership, leading to the creation of the **Active Living Alliance for Canadians with a Disability (ALACD).** The ALACD received financial support from the Fitness Directorate from 1987 to 1993, through a contribution agreement with the Administration Bureau for Active Living (from 1987 to 1992), and with the Canadian Paralympic Committee (from 1992 to 1994).

The Alliance has no formal membership and any interested individual or organization can join its extended network. However, the Alliance has sixteen national organizations that act as national partners. In addition, the Fitness Directorate works actively with the Alliance Coordinating Committee composed of nine individuals. The ALACD also has four working committees: Leadership Development, Advocacy, Promotions, and Research. Committee members come from national partner organizations and volunteer experts from the disabilities sector.

The mission of the Alliance is to facilitate and develop collaboration among organizations, agencies and individuals, in order to positively affect active living lifestyles of Canadians with a disability in all communities. The goals that further define the work of the Alliance are as follows:

- To support and assist in the development and monitoring of a national vision and strategic plan for active living for Canadians with a disability.
- To facilitate ongoing communication and collaboration among organizations, agencies and individuals involved with active living for Canadians with a disability.

- To facilitate increased public awareness of and advocacy in the area of active living for Canadians with a disability.

- To facilitate delivery of programs, services and resources in the area of active living, at all levels for Canadians with a disability.

From 1986 to 1991, the Fitness Directorate supported a number of initiatives with respect to persons with a disability, primarily through its Contributions Program. The ALACD was used by the Fitness Directorate as the lead mechanism to generate 17 products and services in partial fulfilment of the goals of the Blueprint for Action. These products and services include, resources for leaders, proceedings of national meetings and forums, printed educational material, and workshops for Canada's Fitweek organizers.

III. Purpose of the Study

At the request of the Fitness Directorate and the ALACD, the Program Evaluation Division was approached to assist with an evaluation of the ALACD and its respective products and services. Since the ALACD and its related activities have been and continue to be supportive and linked with the goals and objectives of the NSIPD, it was felt that the survey results could provide additional insight about the value of the ALACD in implementing the NSIPD.

The following questions were addressed in the evaluation of the ALACD.

A. To what extent have the goals, objectives and suggested initiatives of the Blueprint been achieved?

B. How well have the products and services generated from the Blueprint goals been used?

   - How has the use of these products and services made a difference for the users?

   - What evidence exists that persons with a disability have benefited?

   - Are these products or services provided elsewhere? Where and by whom?

C. What is the level of awareness and knowledge of Alliance activities by national and provincial stakeholders?

D. What are the most appropriate functions for the Alliance to undertake? What structure should it adopt?

E. What have been the expectations of the 16 national Alliance partners of their membership on the Alliance?

F. Have these expectations been met?

G. What benefits have members experienced from their participation on the Alliance?

H. What would be the consequences of discontinuing the Alliance?

IV. Methods

With assistance from the ALACD, and the Fitness Directorate, Program Evaluation Division staff used the following methods to collect information about the ALACD and its products and services.

A. A mail survey of 225 key stakeholders was done between November and December 1994. The sample was divided into three categories: a) past and present coordinating committee members, b) national partners and affiliates and c) provincial and community leaders, and independent experts.

B. Interviews were conducted by Program Evaluation Division staff with:

- 9 members of the coordinating committee members of the ALACD; and,

- 13 members from the national partner organizations of the ALACD (2 from the national partners were coordinating committee members).

The interview guide and the mail survey questionnaire used in the study are located in Appendix A of this technical report.

V. The Survey Sample

The ALACD and Fitness Directorate staff identified 225 key stakeholders from their internal files and documents. These people were identified from three groups: current and former coordinating committee members of the ALACD, national partners of the ALACD and their provincial affiliates, plus other independent consultants, researchers and recreation coordinators who have had some affiliation with the past work of the ALACD. Thus, the sample was not drawn on a simple randomized basis from a larger population of stakeholders. However, since these individuals play a key role in the physical activity and disabilities sector, their opinion is valuable.

VI. Limitations to the Study

- The methodology relied heavily on perceptions of stakeholders, although multiple lines of inquiry (interviews, mail survey, document review) were used to offset this limitation.

- It was considered too expensive, time consuming, and premature to directly assess the effects of program activities on persons with disabilities (eg. use of resources, changes in physical activity patterns, use of community programs, changes in health risk status).

- In many cases, the responses represent individuals' opinions based their own experiences and expertise. Supporting persons with a disability, from a national level is a complex matter involving many different organizations working on an vast array of projects. It is recognized that individual respondents may not have the breadth of knowledge to comment in an informed way on all aspects of the issue.

- Any statistics listed below describe the group of respondents and cannot be generalized to a wider population.

VII. Profile of Respondents

Tables # 1, 2, 3 and 4 provide information about survey respondents. The overall response rate was 50.2 percent, and respondents were spread across occupational groupings of staff, volunteers and professionals. Moreover, respondents were also spread geographically across the country and one-half have over 10 years experience in this sector.

TABLE # 5
Stakeholder Ratings of Alliance Products and Services

Name of Product or Service	Percent Aware of the Product	Percent Used the Product	Mean Rating	Mean Rating / 7	Number who Rated the Product	Percent who said product could not be obtained elsewhere	Composite Rating
	(A)	(B)		(C)		(D)	(A+B+C+D) / 4
"Words with Dignity" Resource	93.5%	96.9%	6.3	90.0%	102	76.3%	89.2%
Blueprint for Action	90.8%	75.3%	5.0	71.9%	80	83.1%	80.3%
Access Newsletter	83.5%	71.3%	5.3	75.0%	74	88.5%	79.6%
Alliance Forum	78.6%	68.7%	5.8	82.9%	60	81.1%	77.8%
Stakeholders Forum	55.7%	66.2%	5.8	83.3%	47	87.2%	73.1%
Alliance Forum Proceedings	62.7%	55.1%	5.6	80.6%	36	82.6%	70.2%
Stakeholders Forum Proceedings	47.6%	53.0%	5.4	76.6%	36	92.3%	67.4%
Leadership Resource Directory	62.9%	54.1%	5.3	76.1%	45	76.5%	67.4%
Advocacy Resource Package	68.6%	51.9%	5.5	78.6%	47	69.2%	67.1%
Positive Images	52.9%	58.1%	5.7	81.0%	39	70.4%	65.6%
Leadership Model and Addendum	51.9%	46.2%	4.8	68.9%	34	80.8%	61.9%
Regional Advocacy Workshops	46.7%	38.1%	5.0	70.9%	24	89.5%	61.3%

Name of Product or Service	Percent Aware of the Product	Percent Used the Product	Mean Rating	Mean Rating / 7	Number who Rated the Product	Percent who said product could not be obtained elsewhere	Composite Rating
	(A)	(B)		(C)		(D)	(A+B+C+D) / 4
Alliance Alternate Media Formats	61.5%	27.1%	6.0	85.7%	29	68.8%	60.8%
Fitweek "Fit for All"	59.8%	46.4%	5.2	74.6%	36	53.8%	58.7%
Alliance Referral Services	39.2%	31.6%	5.7	81.4%	17	66.7%	54.7%
Fitweek "Reversing the Barriers"	34.3%	27.1%	4.9	70.0%	22	62.5%	48.5%
Regional Fitweek "Access Workshops"	29.5%	16.0%	4.0	57.1%	11	66.7%	42.3%
Averages	60.0%	51.9%	5.4	76.7%	43.5	78.2%	66.7%

A. Overall Assessment of the Alliance

When the four dimensions are combined into the composite rating, the highest scoring products and services include: the Words with Dignity Resource, the Blueprint for Action document, the ALACD Access Newsletter, the Stakeholders' Forum and the Alliance Forum, and the respective conference proceedings. This is supported by interviews with past and current members of the coordinating committee and national partners, who said that the Alliance helps bring diverse groups within the physical activity and disability sector together, and fosters interaction between local, provincial and national organizations. While the majority of respondents agree that the forums are useful, several respondents were unable to see the clear distinction between the Stakeholders' Forum and the Alliance Forum. To these stakeholders, the two forums were very similar and they suggested that the two meetings be combined.

Respondents were also asked to indicate how well the ALACD has effectively served and supported the physical activity needs of Canadians with a disability. With thirty-eight of respondents definitely agreeing with the statement and another 40.7 percent moderately agreeing with the statement, it is clear that these stakeholders feel that the ALACD has made a significant contribution (Table # 6).

TABLE # 6
Degree of Agreement with the ALACD Effectiveness

Response	Frequency	Percent
Definitely Agree	41	38.0%
Moderately Agree	44	40.7%
Do not agree or disagree	10	9.3%
Moderately Disagree	3	2.8%
Definitely Disagree	0	0.0%
Don't Know	10	9.3%
Total	108	100.0%

In a similar question, respondents were also asked to rate to what extent the Alliance's collective efforts (ie. the 17 products and services listed above) contributed to helping

Canadians with disabilities to become more physically active. On the 7-point rating scale (1 = not at all, and 7 = to a great extent), the average score was 4.96, indicating strong support for the products and services of the ALACD (Table # 7).

TABLE # 7

To what extent have the Alliance's collective efforts contributed to helping Canadians with disabilities to become more physically active?

Scale Number	Frequency	Percent
1 (not at all)	1	1.0%
2	4	4.0%
3	7	7.0%
4	22	22.0%
5	30	30.0%
6	24	24.0%
7 (to a great extent)	12	12.0%
Total number of respondents	100	100.0%
Average score (7-point scale)	4.96	
Standard deviation	1.32	

B. Continued Relevance of the ALACD

Both coordinating committee and national partner members of the Alliance agree that there is a continuing need for an Alliance. The Alliance provides a unique national focus for physical activity and persons with a disability. Some members provide the caveat that without staff and a stable funding base the Alliance will not be very productive.

When asked what would happen if the Alliance were to be discontinued, most members stated that national and provincial organizations would continue to operate. However, slowly over time, the emphasis and insight for physical activity programming for persons with a disability would decrease. In short, other organizational priorities and challenges would prevail over physical activity opportunities for persons with a disability. In addition, collective resources that had been developed through the Alliance would not get into the hands of intended users. This was cited by a majority of members as a major loss if the Alliance were to be discontinued.

The most unique features of the Alliance are networking among professionals and volunteers, and doing collective projects that engage partners in a cooperative fashion. The Moving to

Inclusion Resource Kit was continually mentioned by Alliance members as being a valuable project which helped to focus partners and show the value of collaborative efforts. The Alliance was cited as an important vehicle for accelerating the progress of the Moving to Inclusion project.

C. Benefits of Alliance Membership

Alliance national partners and their provincial affiliates were asked to measure, on a 1 to 7 scale, the extent to which they had experienced certain membership benefits (Table # 8). Clearly, the Alliance provides a solid forum for national partners to share information and broaden their perspectives. This is supported by personal interviews in which the majority of respondents stated that their participation at Alliance forums and project meetings helped to educate them about physical activity and disability issues and make professional contacts they would not have made otherwise.

TABLE # 8
Benefits Accruing to Alliance Partners

Statement Theme	Average Score	Standard Deviation	N
Better Overall Perspective	5.59	1.26	34
Access to National Strategy	5.23	1.47	33
Networking	5.10	1.26	34
Effective Lobbying Efforts	5.03	1.62	32
Information Sharing	5.00	1.43	35
Access to Fitness Directorate Planning	4.96	1.46	32
Input to Alliance Planning	4.95	1.50	31
Organizational Profile	4.78	1.77	32
Access to Resources	4.55	1.97	29
Professional Development	4.53	1.76	32
Increased Referrals	4.07	1.62	31
Provincial Linkages	3.61	1.73	31
Column Average	4.78	1.57	32.1

D. Greatest Future Needs

When stakeholders were asked to identify the three most important and realistic needs that must be addressed over the next 3 years to help Canadians with disabilities become more physically active, the 113 respondents listed 290 statements of need (Table # 9). The most frequently mentioned issues were as follows: communication, public education, community programs, barriers and access, education of persons with a disability, training, advocacy, and networking.

TABLE # 9
The Most Important and Realistic Needs to Help
Persons with a Disability
Become More Physically Active

Name of Category	Amount	Percent	Accumulated Percentage
Communication	34	11.7%	11.7%
Public Education	34	11.7%	23.4%
Community Programs	33	11.4%	34.8%
Barriers and Access	31	10.7%	45.5%
Education of the Disabled	28	9.7%	55.2%
Training	23	7.9%	63.1%
Advocacy	17	5.9%	69.0%
Networking	15	5.2%	74.1%
Resources	14	4.8%	79.0%
Funding	9	3.1%	82.1%
Schools	8	2.8%	84.8%
National Planning	8	2.8%	87.6%
Facilities	7	2.4%	90.0%
Policies	5	1.7%	91.7%
Transportation	5	1.7%	93.4%
Other	19	6.6%	100.0%
Total	290	100.0%	

There were many comments about the role of the mass media in reinforcing the benefits of physical activity for Canadians with a disability and the need to get information about community programs to leaders and those with disabilities. ParticipACTION was mentioned frequently as playing a role: respondents suggested that media ads should portray persons with a disability doing everyday activities to help the disabled to identify with the message.

A common theme among stakeholders was the need to educate the public to change their attitudes toward persons with disabilities. One of the greatest barriers to more inclusion is the attitude of the general public and public policy makers. Respondents suggest that there is a general public ignorance about disability issues. This is supported by the expressed need for advocacy to educate policy makers and change public policy related to the disabled. Moreover, leaders, teachers and volunteers need resources and learning opportunities to give them new skills to help them to integrate persons with disabilities into mainstream physical activity opportunities.

E. Role of the Fitness Directorate with respect to the ALACD

Alliance coordinating committee and national partner members were asked to comment on the role of the Fitness Directorate in helping to implement the NSIPD. The most prevalent contribution of the Fitness Directorate was the funding provided to Alliance activities. In addition, the staff of the Fitness Directorate were commended by a vast number of respondents for their dedication, and skill in bringing divergent stakeholder groups together. Many people felt that the Alliance is a good example of shared leadership between the federal government and non-government stakeholders from the disabilities sector. There is tremendous support for the continued role and current operating style of Directorate staff. There was widespread belief among the national partners and coordinating committee that many of the activities of the Alliance would not have been possible without the involvement of the Fitness Directorate.

F. Partnerships

Being a partner means sharing in the risk and reward of the venture.[3] When asked to describe the nature of partnerships formed through the Alliance, most respondents spoke of coming to Alliance meetings and improving communication with other member organizations. This improved networking lead some stakeholders to work more together on joint projects. For example, some disability specific organizations had never worked with multi-activity organizations such as the Canadian Association for Health, Physical Education, Recreation and Dance (CAHPERD). Respondents spoke well of the new channels of distribution that could be utilized for their own organizations' resources. Others spoke of the important role of the Alliance in bringing divergent groups together from the disabilities sector. Many examples were given of improved communication. However, no illustrations were provided where member organizations undertook physical activity related projects at their own risk. Clearly, members of the ALACD look to the Fitness Directorate for funding support and the ALACD to provide direction and leadership when it comes to producing tangible products and services.

In addition, when asked to describe partnerships, many respondents referred to the Moving to Inclusion project, one of the five projects under the NISPD, not a unique output of the ALACD. Clearly, stakeholders need to engage themselves in tangible projects to feel a sense of partnership. While the amount of volunteer time allocated to Alliance related business and projects was not measured, one member of the Alliance indicated that his full-time employer was beginning to be concerned with the amount of time he was allocating to his Alliance volunteer duties. By and large, most of the Alliance products and services were undertaken with a myriad of volunteer committees and reviewers. The Alliance has developed a loyal and technically competent network of volunteers who can be called upon to produce high quality work that meets the needs of users in the physical activity and disabled sector.

An illustration of a risk / reward partnership is the case of the Annual Alliance Forum. Each year, the Forum is held in a different city, attracting about 150 to 200 participants. In this situation, about $15,000 to $20,000 is requested from the Fitness Directorate with another $80,000 or more coming from participant registration fees. In this situation, the host organization assumes some degree of financial risk.

Fitness Directorate staff feel the partnership with the ALACD has been very worthwhile. While the Fitness Directorate has the financial resources to pay for the development and distribution of resources, it does not have the staff complement to produce the same number of products and services as the ALACD. When asked about the value of the ALACD to the Fitness Directorate, staff say that the ALACD is a network of credible partners, who help the Directorate to achieve its mandate. Alliance partners possess technical expertise and experience that was useful in the fulfilment of many NSIPD projects. The volunteers of the ALACD helped to coordinate existing disability related programming with that of the NSIPD, and helped to enrich the strategy and speed up project implementation. For example, the leadership committee of the Alliance helped to draft some of the terms of reference for the Moving to Inclusion and LDI initiative. Moreover, following the notification of funding for the NSIPD, ALACD key volunteers helped to lead two NSIPD initiatives.

By involving the members of the physical activity and disability sector in the initiation and development of NISPD initiatives there will be greater credibility, and ultimate use by stakeholders.

IX. Future Role and Structure of the ALACD

Past and current coordinating committee members and national partners were asked questions about the Alliance membership, cost sharing and structure.

A. Membership

On the topic of whether provincial or municipal groups should be official partners of the Alliance, 23 of 40 respondents said yes, 10 said no, and another 7 indicated it would depend on several factors (Table 10). This supports the comments of others that the Alliance needs to be inclusive not exclusive, and that it must encourage more local "grass roots" involvement.

TABLE # 10
Alliance Membership
(Do you think provincial or municipal groups should be official partners of the Alliance?)

Response Theme	Frequency	Percent
Yes	23	57.5%
No	10	25.0%
It Depends...	7	17.5%
Don't Know	0	0.0%
Total	40	100.0%
(note - some responses include qualification statements; thus, some are coded under both yes and it depends)		

On the issue of whether the current number of the ALACD national partners be changed from the current 16, 12 of 36 respondents said it would depend, 12 said yes, 7 indicated it should remain the same and 1 said to decrease the number (Table 11). While there is support for more national partners, some discussion should be undertaken to clearly determine the rationale and benefits of expanding the number of national partners.

TABLE # 11
Number of National Partners
(Should the current number of Alliance National Partners (16) be increased, decreased or kept the same?)

Response Theme	Frequency	Percent
It Depends...	12	33.3%
Increased	12	33.3%
Kept the Same	7	19.4%
Don't Know	4	11.1%
Decreased	1	2.8%
Total	36	100.0%

B. Structure - In Pursuit of Incorporation

The topic of whether the Alliance should become incorporated as a non-profit organization is controversial. Of the 37 respondents who answered this question, 8 said yes, 8 said no, and 8 said the ALACD structure should remain the same (Table # 12). To add to the range of opinion, 6 people did not know, and another six responded by asking a question about why the question was being asked. In effect, more information is needed before members are willing to comment. Interviews reveal that coordinating committee members have a better understanding than national partners of how the Fitness Directorate works with the ALACD and thus are probably in a better position to create the most appropriate structure for the ALACD overall.

TABLE # 12
Alliance Incorporation
(Should the Alliance become incorporated as a non-profit organization or continue to function under an existing national voluntary organization?)

Response Theme	Frequency	Percent
Yes, move to incorporation	8	21.6%
No, do not incorporate	8	21.6%
Remain the same	8	21.6%
Don't Know	6	16.2%
Unsure about why incorporation	6	16.2%
Move to a small structure	1	2.7%
Total	37	100.0%

The issue of formal incorporation needs further work by coordinating committee members and Fitness Directorate staff who are in a good position to understand the rationale, implications and possible benefits of an incorporated structure.

TABLE # 16
Cost Sharing Among Alliance Partners
(Should Alliance National Partners contribute to costs related to Alliance functions? (eg. meeting costs, membership fees, etc.)

Response Theme	Frequency	Percent
Yes	12	54.5%
Yes, but not practical	4	18.2%
Yes, with certain qualifiers	3	13.6%
Other	2	9.1%
Don't know	1	4.5%
Total	22	100.0%

Respondents are sensitive about the issue of whether the ALACD can be sustainable. While, they feel that the Fitness Directorate funding role is important, they agree that partners of the ALACD should assume more risk in the ALACD by contributing either membership fees, paying for resources, or making in-kind contributions such as office space and computers.

E. Lessons Learned from the ALACD Experience

Members of the coordinating committee and national partner respondents were asked to indicate what they had learned as a result of being part of the ALACD. Specifically, they were asked to indicate the factors that contributed to Alliance success or failure. The ideas presented could serve as a model for other Departmental activities in which the objective is to garner support and expertise from a particular sector or interest group.

Table # 17 indicates how frequently the various success factors were mentioned. The responses summarize most of the work undertaken in this evaluation of the ALACD. The following lessons learned emerged:

- having a strong and inclusive network of dedicated volunteers and stakeholders, particularly from the "grass-roots;"
- ensuring a modest administrative structure, with regular turn-over among coordinating committee members;
- having a common vision and meeting forums for planning together;
- using tangible products to focus the work of partners, with regular reviews of partnership expectations;
- sharing operating and project costs among the members;
- ensuring the representation of "visibly" disabled persons on the coordinating committee and at ALACD meeting functions; and

- avoiding a "welfare state[4]" approach when working with persons with a disability.

Table # 17
Critical Success Factors for the Future ALACD
(based on interviews with coordinating committee and national partners)

Response Theme	Frequency	Percent
Network of committed volunteers	6	11.3%
Modest administrative burden	6	11.3%
Grass roots involvement	5	9.4%
Forum for planning together	5	9.4%
Use of projects to focus partnerships	4	7.5%
Regular assessment of partnership agreement	4	7.5%
Stakeholder involvement	3	5.7%
A common vision	3	5.7%
Regular turnover in coordinating committee	3	5.7%
Shared Costs	3	5.7%
Avoiding the welfare state mind set	2	3.8%
Representation by Disabled Persons	2	3.8%
Shared Leadership	2	3.8%
Use of the Active Living approach	1	1.9%
Avoiding the exclusion of potential partners	1	1.9%
Solid funding base	1	1.9%
Avoiding duplication	1	1.9%
Ensuring a solid need	1	1.9%
Total	53	100.0%

F. Implications for the Future of the ALACD

The Alliance has demonstrated that among key stakeholders, they have provided valuable benefits and furnished them with useful products and services. With the stated ALACD mission:

> *To facilitate and develop collaboration among organizations, agencies and individuals, in order to positively affect active living lifestyles of Canadians with a disability in all communities,*

it values and needs the input of stakeholders at the provincial and community level. Leaders of the ALACD need look no further than the section on lessons learned to view a model for future ALACD success. Moreover, with respect to structure, the ALACD should consider organizational structures that engage partners and volunteers in projects, and encourage prompt decision-making through a modest administration system.

The ALACD seems to have support for more cost sharing among member organizations. It should establish a set of options for members to use to provide a combination of financial and in-kind contributions.

With respect to governance, the coordinating committee should establish a set of simple guidelines that indicate the requirements of committee members, their tenure, succession planning, and the visible representation of persons with a disability.

For the future, the ALACD should continue to act as an information broker between agencies, and be a leader in promoting the concept of active living for persons with a disabilities. It should continue to host annual forums, encouraging as much local involvement as possible. However, it should consider streamlining the NSIPD Stakeholders' Forum with the Annual ALACD Forum.

Endnotes

1. "Active Living for Canadians with a Disability: A Blueprint for Action," Fitness Canada, Fitness and Amateur Sport Branch, Government of Canada; Active Living Alliance for Persons with a Disability, 1991.

2. ibid, pages 17 to 20.

3. Partner - a persons who takes part in some activity in common with another or others; one or more persons engaged in the same business enterprise and sharing its profits and risks; each is an agent for the other and is liable, except when limited to his own investment.

   In the case of the ALACD activities, members need to define their "investment" and their degree of liability, accountability and responsibility. It may be that not all partners share equally in either the risk or the reward.

4. Respondents indicated that persons with a disability want a lead role in the development of products and services that will impact on them directly. There was some animosity expressed towards those able-bodied persons who continually provide services for persons with a persons as though persons with disabilities are incapable of providing for themselves.

APPENDIX A

Interview Guide for members of the ALACD

List of Interview Topics

1. **Background**

   Your role as an Alliance member and what activities you have undertaken as an Alliance member.

2. **Continuing Relevance**

   a. Do you feel that the Alliance has fulfilled this mission statement?

      i. If yes, why, if not, why not?

   b. In your opinion, is there still a continuing role for the Alliance to play in trying to realize its mission statement? In effect, is there still a need to "facilitate and develop collaboration among organizations.." as stated in the mission statement?

   c. Please describe any work that still needs to be undertaken to achieve this mission?

3. **Working in Partnership**

   a. Has the Alliance assisted in helping you and your organization to form beneficial partnerships with other organizations?

   b. Please describe the types of partnerships formed and how these partnerships benefitted your organization?

   c. How has Health Canada and the Fitness Directorate helped the Alliance?

      i. Should the role of the Fitness Directorate change with respect to the Alliance?

   d. On the written questionnaire, there were some questions about benefits to being a member of the Alliance.

      In your opinion, what do see as being the real added value of your organization's participation in the Alliance? In effect, what difference has membership on the Alliance made to your organization in its efforts to address the issue of physical activity opportunities for persons with a disability?

   e. As a member of the Alliance, have your expectations of membership been met?

i. Why or why not?

4. Lessons Learned

As mentioned earlier, partnerships and organizations working together are an important part of today' business climate. And, you and your organization have been part of the Alliance for several years. I imagine that you have learned a lot about working together with other organizations through such a mechanism as the Alliance. Could you please provide some insight about your experience as an Alliance member.

a. What are some of the lessons you have learned?

5. Future Directions

a. As you recall from the written survey, the Alliance has been involved with the production of a number of products and services and has played a role in bringing organizations together with an interest in physical activity for persons with a disability. However, organizations need to reflect on their future roles, and the Alliance is no different.

In looking ahead to the future, and in your opinion, what do you see as being the most critical role and set of responsibilities that the Alliance should perform?

b. Imagine for a minute that the Alliance was discontinued. In your view what would differ with regards to how your organization operates and delivers physical activity programs for persons with a disability.

i. What do you think the future effect would be on the overall physical activity milieu for persons with a disability?

ii. Can you think of any other consequences of discontinuing the Alliance?

APPENDIX B

List of Persons Interviewed

1. Chris Hill, Canadian Cerebral Palsy Sports Association
2. Linda Hancock, Canadian Paralympic Committee
3. Heather Hickman, Coordinating Committee and Chair
4. Jerry Johnston, The Canadian Association of Disabled Skiers
5. Carol Hall, The Canadian Intramural Recreation Association
6. Dave Fitzpatrick, Coordinating Committee
7. John Bullen, Canadian Council for the Blind
8. Lynne Hallinan, The Canadian Special Olympics
9. Ross Bales, The Canadian Blind Sports Association
10. Karen O'Neill, O'Neill Consulting
11. Eric Boyd, Coordinating Committee
12. Yves Chabot, Bureau D'Arondissement Abuntsic Cartierville
13. Cam Crawford, The G. Allan Roeher Institute
14. Doug Shirton, The Canadian Deaf Sports Association
15. Herb Gray, Coordinating Committee
16. Cindy Lyons, The Canadian Red Cross Society - Water Safety Services
17. Susan Hardie, The National Network of Mental Health
18. Edie Ash, The Canadian Parks and Recreation Association
19. Donna Goodwin, Coordinating Committee
20. Bruce Taylor, Deborah Holbrook, Scott Ogilivie, Fitness Directorate, Health Canada

APPENDIX C

Evaluation of the Active Living for Canadians with a Disability: A Blueprint for Action

Mail Survey Questionnaire

Background

Question # 1

a. Please check (x) the first statement that best describes your circumstance.

___ I am a staff person of a non-profit organization concerned directly with disability issues
___ I am a Board member of a non-profit organization concerned directly with disability interests
___ I am a volunteer member of a non-profit organization concerned directly with disability issues
___ I am a "professional" working directly/indirectly with persons with a disability
___ Other (please specify)

_____

b. Where do you live?

City / town: _____

Province or territory: _____

c. How long have you been involved in the area of physical activity for Canadians with a disability?

___ less than one year
___ between 1 and 2 years
___ between 2 and 5 years
___ between 5 and 10 years
___ more than 10 years

d. While all responses will be confidential and any reports will contain consolidated results, if you or someone else would like to receive a copy of the summary findings, please complete the following information.

Name: _____
Organization: _____
Street address: _____
City / Town: _____
Prov / terr: _____
Postal code: _____

Registration Number HC-2-XXX-9444

Instructions

- Please circle the appropriate response for each of the following questions about the various products and services listed in the first column of the answer sheet.
- Please refer to the attached brief description of each product or service to help you respond to the questions.
- As indicated in question #2 and #3, if you are unfamiliar with the products and services go to the next one. Please do not guess or speculate.

Product or Service	Question # 2 Are you aware of this product or service? .. if yes, go to question # 3; if no, move on to the next product or service.	Question # 3 Have you ever used this product or service? .. if yes, go to questions 4, 5, 6 and 7; if no, go to the next product or service.	Question # 4 How would you rate the usefulness of this product or service to you? Not at all useful — Extremely useful	Question # 5 If you have used this product or service briefly describe how you used it.	Question # 6 Can you get this information or service elsewhere?	Question # 7 How could the product or service be improved?
1. Blueprint for Action (1991)	Yes No	Yes No	1 2 3 4 5 6 7		Yes No >where	
2. Advocacy Resource Package	Yes No	Yes No	1 2 3 4 5 6 7		Yes No >where	
3. Regional Advocacy Workshops	Yes No	Yes No	1 2 3 4 5 6 7		Yes No >where	

Product or Service	Question # 2 Are you aware of this product or service? .. if yes, go to question # 3; if no, move on to the next product or service.	Question # 3 Have you ever used this product or service? .. if yes, go to questions 4, 5, 6 and 7; if no, go to the next product or service.	Question # 4 How would you rate the usefulness of this product or service to you? Not at all useful — Extremely useful	Question # 5 If you have used this product or service briefly describe how you used it.	Question # 6 Can you get this information or service elsewhere?	Question # 7 How could the product or service be improved?
4. Access Newsletter	Yes No	Yes No	1 2 3 4 5 6 7		Yes No >where	
5. Leadership Model and Addendum	Yes No	Yes No	1 2 3 4 5 6 7		Yes No >where	
6. Leadership Resource Directory	Yes No	Yes No	1 2 3 4 5 6 7		Yes No >where	
7. Fitweek "Fit for All"	Yes No	Yes No	1 2 3 4 5 6 7		Yes No >where	

Product or Service	Question # 2 Are you aware of this product or service? .. if yes, go to question # 3; if no, move on to the next product or service.	Question # 3 Have you ever used this product or service? .. if yes, go to questions 4, 5, 6 and 7; if no, go to the next product or service.	Question # 4 How would you rate the usefulness of this product or service to you? Not at all useful — Extremely useful	Question # 5 If you have used this product or service briefly describe how you used it.	Question # 6 Can you get this information or service elsewhere?	Question # 7 How could the product or service be improved?
8. Fitweek "Reverse the Barriers"	Yes No	Yes No	1 2 3 4 5 6 7		Yes No >where	
9. Regional Fitweek "Access" workshops	Yes No	Yes No	1 2 3 4 5 6 7		Yes No >where	
10. "Words with Dignity" Resource	Yes No	Yes No	1 2 3 4 5 6 7		Yes No >where	
11. "Positive Images" Guidelines for appropriate image depiction of persons with disabilities	Yes No	Yes No	1 2 3 4 5 6 7		Yes No >where	

Product or Service	Question # 2 Are you aware of this product or service? .. if yes, go to question # 3; if no, move on to the next product or service.	Question # 3 Have you ever used this product or service? .. if yes, go to questions 4, 5, 6 and 7; if no, go to the next product or service.	Question # 4 How would you rate the usefulness of this product or service to you? Not at all useful — Extremely useful	Question # 5 If you have used this product or service briefly describe how you used it.	Question # 6 Can you get this information or service elsewhere?	Question # 7 How could the product or service be improved?
12. The Annual Stakeholders Forum	Yes No	Yes No	1 2 3 4 5 6 7		Yes No >where	
13. The Annual Stakeholders Forum Proceedings	Yes No	Yes No	1 2 3 4 5 6 7		Yes No >where	
14. Active Living Alliance for Canadians with a Disability Forum	Yes No	Yes No	1 2 3 4 5 6 7		Yes No >where	

Product or Service	Question # 2 Are you aware of this product or service? .. if yes, go to question # 3; if no, move on to the next product or service.	Question # 3 Have you ever used this product or service? .. if yes, go to questions 4, 5, 6 and 7; if no, go to the next product or service.	Question # 4 How would you rate the usefulness of this product or service to you? Not at all useful — Extremely useful	Question # 5 If you have used this product or service briefly describe how you used it.	Question # 6 Can you get this information or service elsewhere?	Question # 7 How could the product or service be improved?
15. Active Living Alliance for Canadians with a Disability Annual Forum Proceedings	Yes No	Yes No	1 2 3 4 5 6 7		Yes No >where	
16. The Alliances' referral service for contacting other individuals working in the area of physical activity and persons with disabilities.	Yes No	Yes No	1 2 3 4 5 6 7		Yes No >where	

Product or Service	Question # 2 Are you aware of this product or service? .. if yes, go to question # 3; if no, move on to the next product or service.	Question # 3 Have you ever used this product or service? .. if yes, go to questions 4, 5, 6 and 7; if no, go to the next product or service.	Question # 4 How would you rate the usefulness of this product or service to you? Not at all useful — Extremely useful	Question # 5 If you have used this product or service briefly describe how you used it.	Question # 6 Can you get this information or service elsewhere?	Question # 7 How could the product or service be improved?
17. The Alliance's alternate media formats service at meetings (eg. braille, signing etc.)	Yes No	Yes No	1 2 3 4 5 6 7		Yes No >where	

Question # 8

Please indicate your degree of agreement with the following statement by placing an "X" beside the most appropriate response.

The Active Living Alliance for Persons with a Disability has effectively served and supported the physical activity needs of Canadians with a disability.

Definitely Agree ___

Moderately Agree ___

Do not agree or disagree ___

Moderately Disagree ___

Definitely Disagree ___

Don't Know ___

Question # 9

For the following question, please circle the response that best matches your view.

In your opinion, to what extent have the Alliance's collective efforts (ie. the products and services listed above) contributed to helping Canadians with disabilities become more physically active.

Not at all						To a great extent
1	2	3	4	5	6	7

Question # 10

In your opinion, what are the three most important and realistic needs that must be addressed over the next 3 years to help Canadians with disabilities become more physically active.

1.
2.
3.

Question # 11

Do you have anything else that you would like to add?

♦ If this is the last page of your questionnaire, please place it in the attached self-addressed envelope and return it to :

The Active Living Alliance for Canadians with a Disability
Suite 707
1600 James Naismith Drive
Gloucester, Ontario
K1B 5N4

.. \ or FAX it to the ALACD @ (613) 748 - 5782

Thank you for your cooperation, patience and expertise.

♦ If there are more pages to the questionnaire, please go the next set of questions...

Questionnaire for Alliance National Partners

The following questions relate to the activities and outputs of the Active Living Alliance for Canadians with a Disability.

Please answer the following questions in the space provided.

1. Currently, official Alliance partners are limited to National Partners. Do you think provincial or municipal groups should be official partners of the Alliance. Why or why not?

2. Should the current number of Alliance National Partners (16) be increased, decreased or kept the same? Why?

3. Should the Alliance become incorporated as a non-profit organization or continue to function under an existing national voluntary organization? Why or why not? How should the Alliance finance its activities?

4. In your opinion, should Alliance National Partners consider providing service support to the Alliance? (eg. use of work stations, part-time staff, sharing of computer equipment, etc.) Why or why not?

5. In your opinion, should Alliance National Partners contribute to costs related to Alliance functions? (eg. meeting costs, membership fees, etc.)

6. Assuming the goals and activities of the Blueprint remain unchanged, please describe your vision of a future Alliance structure.

7. Do you have any general suggestions that would improve the efficiency or effectiveness of the Alliance.

8. The following questions relate to your associations' status as a National Partner of the Alliance. For each of the following stated benefits, please circle the response that best matches your viewpoint or mark an (X) in the space provided if the statement does not apply in your case.

a. Provides increased opportunities for information sharing with other disability-related organizations.

___ not applicable

Not at all						To a great extent
1	2	3	4	5	6	7

b. Provides increased opportunities for networking other sectors such as fitness, education, transportation, communities, etc.

___ not applicable

Not at all						To a great extent
1	2	3	4	5	6	7

c. Provides increased opportunities for professional development for staff and volunteers of your organization.

___ not applicable

Not at all						To a great extent
1	2	3	4	5	6	7

d. Provides increased profile of your organization and / or members / initiatives.

___ not applicable

Not at all						To a great extent
1	2	3	4	5	6	7

e. Provides improved provincial linkages - either external or internal to your organization.

___ not applicable

Not at all						To a great extent
1	2	3	4	5	6	7

f. Provides increased access to resources for the local or provincial chapters of your organization.

___ not applicable

Not at all						To a great extent
1	2	3	4	5	6	7

g. Provides your organization increased access to participation in initiatives of the National Strategy for the Integration of Persons with Disabilities.

___ not applicable

Not at all						To a great extent
1	2	3	4	5	6	7

h. Provides increased effectiveness in collective lobbying efforts.

___ not applicable

Not at all						To a great extent
1	2	3	4	5	6	7

i. Enables increased input to direction setting and planning of Alliance activities.

___ not applicable

Not at all						To a great extent
1	2	3	4	5	6	7

j. Enables increased access to direction setting and planning opportunities of Fitness Directorate (Government of Canada) activities.

___ not applicable

Not at all						To a great extent
1	2	3	4	5	6	7

k. Results in increased referrals from the Alliance from other interested individuals and organizations.

___ not applicable

Not at all						To a great extent
1	2	3	4	5	6	7

l. Provides increased opportunities to gain a better overall perspective on active living and persons with disabilities related issues and points of view.

___ not applicable

Not at all						To a great extent
1	2	3	4	5	6	7

9. In your opinion, do you feel that your organization should continue as a National Partner of the Alliance? Why or why not?

10. **As a closing comment, do you have anything that you would like to add?**

- If this is the last page of your questionnaire, please place it in the attached self-addressed envelope and return it to :

  The Active Living Alliance for Canadians with a Disability (ALACD)
  Suite 707
  1600 James Naismith Drive
  Gloucester, Ontario
  K1B 5N4

  .. \ or FAX it to the ALACD @ (613) 748 - 5782

Thank you for your cooperation, patience and expertise.

November 9, 1994

PEY PED